

ISC FEDEX SHIPPING REQUEST

FOR SAME DAY PICKUP DELIVER BY 1300

DATE: _____

PHONE

SENDER NAME: _____

EXT: _____

DEPARTMENT: _____ E-MAIL _____

DESCRIPTION OF ITEMS:

Does this shipment contain Hazardous Material?

YES _____ NO _____

Declared Value: _____ Weight: _____

Required Delivery date: _____

Please Circle One:

Overnight

2 day

3 day

Bill Charges to:

Sender Recipient: _____ Third Party: _____

SHIP TO ADDRESS:

(FULL STREET ADDRESS **NO** PO BOX NUMBERS)

POC: _____ Phone: _____

Company: _____

Address: _____

City/State: _____ Zip + 4: _____

***** **Comptroller use only** *****

AUTHORIZATION:

Accounting Data: 2/6/ 501/133/30/0/SS/47200/2201

Funds Manager: _____

Estimated Cost: \$ _____